

# NATIVE AMERICAN TRIBE'S CLAIM FOR WISCONSIN CIGARETTE TAX REFUND

**Send Your Claim and Invoices To:**

Wisconsin Department of Revenue  
Mail Stop 5-107  
PO Box 8900  
Madison WI 53708-8900  
(608) 266-8970

Read instructions on back before preparing your claim.

1. Name of Claimant (Tribe)		2. Federal Employer ID No. _____		3. No. of Retail Stores Authorized	
4. Address		5. City		6. State	7. Zip Code
8. Dates of Cigarette Purchases Covered By This Refund Claim Date of first purchase → _____ Date of last purchase → _____					
<b>REFUND COMPUTATION SCHEDULE</b>			Tribal Computation		Department Use Only
9. Number of tax paid single cigarettes purchased (per attached "paid" purchase invoices) . . . . .		9			
10. Number of tax-paid single cigarettes returned or shorted (per attached credit invoices) . . . . .		10			
11. Net tax-paid single cigarettes received (line 9 less line 10) . . . . . →		11			
12. Cigarette tax rate ( .126 per single cigarette) . . . . .		12	x .126		x .126
13. Cigarette tax paid (multiply line 11 by line 12) . . . . .		13	\$		\$
14. Tribal refund percentage (70%) . . . . .		14	x .70		x .70
15. Total refund claimed (multiply line 13 by line 14) . . . . . →		15	\$		\$
Department Use Only (refund authorization area) →					
16. Locations of Authorized Retailers (notify department by letter of any retailer name or address changes)					
Authorized Retail Locations			Net Tax-Paid Single Cigarettes Received (purchases less credits)		
Doing Business As (DBA)	Business Address		Tribal Computation		Department Use Only
Net tax-paid single cigarettes received (must agree with line 11) . . . . . →					

**DECLARATION:** I declare that I am personally familiar with the information provided on this refund claim and accompanying documentation and, to the best of my knowledge and belief, it is true, correct, and complete. The cigarettes were sold on our reservation or trust land to persons other than cigarette retailers or jobbers.

Signature of Preparer	Preparer's Phone Number (       )	Date
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# INSTRUCTIONS

## WHO IS ELIGIBLE TO FILE A REFUND CLAIM

Any Wisconsin Native American tribal council that has entered into an agreement with the department may file a claim for a refund of the Wisconsin cigarette taxes paid on cigarettes sold on reservation or trust land over which the tribe has jurisdiction. The land on which the cigarette sales occur must have been designated a reservation or trust land on or before January 1, 1983, or on a later date if determined by an agreement between the department and the tribal council.

## RETAILER REQUIREMENTS

The retailer selling the cigarettes on which the refund claim is being filed must meet the following requirements:

1. The tribal council must have approved the retailer purchasing and selling the cigarettes.
2. The retailer cannot sell cigarettes to another retailer or cigarette jobber.
3. The retailer cannot deliver cigarettes to purchasers via common carrier, contract carrier, or the US Postal Service.

## NEW RETAILERS/CHANGES TO EXISTING RETAILERS

The tribal council must notify the department in writing on tribal letterhead when any of the following changes occur:

- A new retailer is authorized to sell cigarettes.
- The name or address of an existing retailer changes.
- An existing retailer discontinues selling cigarettes.

## FILING RESTRICTIONS ON REFUND CLAIMS

Two refund claims may be filed by a tribal council within a calendar month.

## INVOICE REQUIREMENTS

Invoices verifying your cigarette purchases must accompany your refund claim. All invoices submitted must be "original" (no carbon copy or photocopy).

Each invoice must contain the following information:

1. Date of sale.
2. Name and address of purchaser.
3. Name and address where the cigarettes were delivered.
4. Name and address of seller.
5. Number of cigarettes purchased. On invoices, highlight or note cartons of 250.
6. Date paid by purchaser. Each invoice must be marked paid, dated, and signed by the seller or delivery person.
7. Amount of Wisconsin cigarette tax paid.  
Cigarettes must have the special distinctive Native American cigarette tax stamp affixed.

Your invoices will be returned to you after the department has reviewed your refund claim.

## RETURNED CIGARETTES/SHORT SHIPMENTS

Credit invoices from your supplier must accompany a refund claim when you claim credit on line 10 for cigarettes returned to your supplier or shorted in a shipment.

## ASSISTANCE AND FORMS

If you have questions or need more claim forms...

- Call (608) 266-8970
- FAX (608) 261-7049
- E-mail: [excise@revenue.wi.gov](mailto:excise@revenue.wi.gov)
- Website: [www.revenue.wi.gov](http://www.revenue.wi.gov)

## SPECIFIC INSTRUCTIONS

**Line 3.** Enter the number of retail locations you have approved.

**Line 9.** Enter the total number of tax-paid single cigarettes you purchased from suppliers during the time period covered by your claim. Original invoices substantiating these purchases must accompany your refund claim.

**Line 10.** Enter the total number of tax-paid single cigarettes you returned to suppliers during the time period covered by this claim. Attach the credit invoices to your refund claim.

**Line 11.** The net cigarette total entered on line 11 must agree with the net single cigarette total entered on line 16.

**Line 16.** Enter the authorized retail locations covered by this refund claim. List each location separately and provide all the information requested. The total net tax-paid single cigarettes you received (purchases less credit for returns and short shipments) at all locations listed must agree with the amount on line 11.

**Sign and date your completed refund claim. Send the claim and invoices and credit memos to the department.**